

STATE OF RHODE ISLAND

Position Description Questionnaire (PDQ)

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS FORM (on a computer):

After opening the link to this form:

1. CLICK SAVE AS, keep the file extension and existing title (State of Rhode Island.pdf)
2. Add your last name, a period, your first name, and a period at the **beginning** of the form file name.

Your file name should look like this: YourLastName.YourFirstName.State of Rhode Island.pdf

After the initial "save as," it is recommended that you use the "save" command to save the form as you work. You may leave the form and come back to work on it, just remember where you saved it in your computer.

When you have completed the form, follow the instructions at the end of the employee section for sending this ELECTRONICALLY as an e-mail attachment to your immediate supervisor.

Answering all questions is critical to providing an accurate description of your work. Please take the time to answer every question. It should take you about two hours to complete this form.

1. EMPLOYEE INFORMATION: In this section you will provide information regarding your name, official job title/ classification, your immediate supervisor, etc. **Questions with an asterisk * are required fields and must be answered. When information is not applicable, enter (type) n/a in the box provided.**

Type of PDQ*: Individual Incumbent (one employee)

Group PDQ (two or more employees with the SAME current job title/duties and a common supervisor)

Enter the name of the individual to whom this PDQ applies, or the name of the person filling out this PDQ if this is a group PDQ covering two or more employees.

Last Name*: _____ First Name*: _____

Names of Employees Covered by Group PDQ if applicable (**Enter N/A** if not applicable):

Date Form Completed
(MM/DD/YY)*:

Official Job Title/Classification*:

8-digit Job Title
Class Code

Department*:

Division*:

If available, enter the contact information for the individual incumbent to whom this PDQ applies or the contact information for the person filling out this PDQ if this is a group PDQ covering 2 or more employees. Please include phone area code.

Work Phone **if available** (XXX-XXX-XXXX):

Work E-mail **if available**:

Time in Position (if individual PDQ). Select one:

**Immediate Supervisor
Information:**

(This is the person who reviews and authorizes your absences and time and attendance).

Name*:

Title*:

Work Phone **if available** (XXX-XXX-XXXX):

Work E-mail **if available**:

Immediate Supervisor Reports to (If known; enter N/A if not applicable):

Name:

Title:

Work Phone **if available** (XXX-XXX-XXXX):

Work E-mail **if available**:

2. POSITION SUMMARY: Please write one to three sentences (**500 character limit**) describing the purpose and major duties of your position. **Example:** *I provide administrative support to the purchasing department. My duties include answering phones, filing and retrieving documents, answering questions from vendors, entering data, and tracking documents.*

Position Summary:

3. **SUPERVISORY RESPONSIBILITIES:** Select all applicable statements from the choices in the menu below that describe the supervisory responsibilities of your position.

Supervision: I do not officially supervise other employees (review and authorize time, attendance & absences).

YES - I review and authorize time, attendance & absences of other regular employees.

YES - I provide work direction to and review the work of other regular employees.

YES - I provide work direction to and review the work of temporary and/or contract employees.

If you selected any response above with "YES," please complete the following:

# of Full-Time Equivalent Employees	# of Contract or Temporary Employees	Total Head Count
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4. **REQUIRED DUTIES:** In this section you will provide information about your Required Duties. This is intended to be a "snapshot in time" of what you do and how you do it. There is space to list up to 10 separate Required Duties. **You must complete a minimum of two** separate Required Duties, associated decision-making, frequency and % of time spent **(response boxes with an asterisk * are required fields)**. Provide enough detail in the description of the duty so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports," but state "prepares reports such as status reports, staff reports," or other type of report(s) you may prepare. Also please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Avoid phrases such as "assists with" or "participates in." **Do not use acronyms.**

Following each Required Duty, you will be asked to describe the decision-making associated with that duty, to select how often you perform that duty (the frequency), and the percent of time you spend on that duty. A Required Duty involves **AT LEAST 5%** of your time, regardless of whether you think the duty is essential or is a waste of time. **When added together, the total time for all Required Duties should not exceed 100%.**

Example of a Required Duty Description: 750 character limit for each. Prepares monthly newsletters by gathering information, writing copy, editing, and preparing for publication.

Example of Decisions Required: 450 character limit for each. Articles to include, editorial changes, graphics, layouts

Example of Frequency: Monthly (select option from drop-down menu)

Example of % of Time: 20%. It may mean the employee spends one day out of five on that duty, or that the employee spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of ALL of your Required Duties should not exceed 100%, but should account for at least 80% of your total work time, with the balance of time devoted to other infrequent or non-required duties.

Required Duty #1-Description*:

Required Duty #1-Decisions Required*:

Required Duty
#1-Frequency*:

Required Duty #1-
% of Time*:

Required Duty #2-Description*:

Required Duty #2-Decisions Required*:

Required Duty
#2-Frequency*:

Required Duty #2-%
of Time*:

Required Duty #3-Description:

Required Duty #3-Decisions Required:

Required Duty
3-Frequency:

Required Duty #3-%
of Time:

Required Duty #4-Description:

Required Duty #4-Decisions Required:

Required Duty
#4-Frequency:

Required Duty #4-%
of Time:

Required Duty #5-Description:

Required Duty #5-Decisions Required:

Required Duty
#5-Frequency:

Required Duty #5-%
of Time:

Required Duty #6-Description:

Required Duty #6-Decisions Required:

Required Duty
#6-Frequency:

Required Duty #6-%
of Time:

Required Duty #7-Description:

Required #7-Decisions Required:

Required Duty
#7-Frequency:

Required Duty #7-%
of Time:

Required Duty #8-Description:

Required Duty #8-Decisions Required:

Required Duty
#8-Frequency:

Required Duty #8-%
of Time:

Required Duty #9-Description:

Required Duty #9-Decisions Required:

Required Duty
#9-Frequency:

Required Duty #9-%
of Time:

Required Duty #10 Description:

Required Duty #10-Decisions Required:

Required Duty
#10-Frequency:

Required Duty #10-%
of Time:

5. REQUIRED KNOWLEDGE AND SKILLS: Please list the knowledge and skills that, in your opinion, are required at **ENTRY** into the position you hold. **Knowledge:** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing. **Skills:** refers to proficiency (one or more) that can be demonstrated and are typically manual in nature and/or can be measured through testing. **250 character limit for each.**

Knowledge/Skill
#1

Knowledge/Skill
#2

Knowledge/Skill
#3

Knowledge/Skill
#4

Knowledge/Skill
#5

6. EDUCATION: Select the item below that best describes the ***minimum*** level of education that, in your opinion, is needed to satisfactorily perform at ***ENTRY*** into the position you hold. This may be different from what the organization currently requires and/or from your own level of education. List certifications later in #8 "Special Requirements."

Education:

Less than High School Diploma or equivalent (G.E.D.) (ability to read, write and follow directions)

High School Diploma or Equivalent (G.E.D.)

Up to one year of specialized or technical training beyond high school

Associate's Degree (A.S. or A.A.) or two-year technical certificate

Bachelor's degree

Master's degree

Doctorate (such as Ph.D, Ed.D, MD, JD)

What fields should training or degree be in?

Field(s):

7. EXPERIENCE (Exp 200 characters each). Identify the ***minimum*** type and years of experience that, in your opinion, are required at ***ENTRY*** into the position you hold:

Type of Exp #1:

Years of Exp #1:

Type of Exp #2:

Years of Exp #2:

8. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that, in your opinion, are required at **ENTRY** into the position you hold. **Do not use acronyms.**

Special Requirements:

9. MACHINES, TOOLS AND EQUIPMENT (MTE) - List any specialized machines, tools, equipment or software used in your work and select the time spent using each. Do NOT list common office equipment and software such as Microsoft Office, e-mail applications, copiers, faxes, personal computers, etc.

MTE #1:

MTE Time Used #1:

MTE #2:

MTE Time Used #2:

MTE #3:

MTE Time Used #3:

10. DECISION-MAKING AND JUDGMENTS (DMJ 500 characters): Describe **two** decisions and/or judgments you make regularly and independently in the performance of your duties.

DMJ #1:

DMJ #2:

Select one of the following that best describes what you do most often when making decisions.

DMJ #3:

- Routinely check with your supervisor before doing anything other than following standard procedures.
- Follow standard procedures and established practices to resolve problems using limited discretion.
- Use some discretion in your daily work and recommend new or revised policies, procedures and standard practices, which may be implemented after being approved by your supervisor.
- Create and implement new solutions not previously applied.

Indicate which of the following types of decisions you make regularly in the course of your work (select all that apply).

DMJ #4:

- I plan and schedule the work of others.
- I set goals and objectives for others.
- I provide training and instruction to others.
- I assign work activities to others.
- I establish standard procedures.
- I make hiring and promotion decisions.
- I provide discipline and performance counseling.
- I provide advice to peers that they must consider carefully before making a decision.
- I provide information to supervisors/management that they use in making a decision.
- None of the above.

11. PHYSICAL FACTORS (PF): *Your answers in this section will not affect how your job is classified.* Select the description below that best describes the overall amount of physical effort required to perform your job.

Overall PF:

Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work, and the worker sits most of the time, the job is rated for light work.

Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.

Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently and/or up to 20 pounds of force constantly to move objects.

Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

For each physical activity described, indicate the amount of time you spend performing each physical activity during the course of your work, and the level of importance of each physical activity to the performance of your essential duties.

Climbing: Ascending or descending ladders, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized.

Climbing Importance:

Climbing Frequency:

Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces.

Balancing Importance:

Balancing Frequency:

Stooping: Bending body downward and forward by bending spine at the waist.

Stooping Importance:

Stooping Frequency:

Kneeling: Bending legs at knee to come to a rest on knee or knees.

Kneeling Importance:

Kneeling Frequency:

Crouching: Bending the body downward and forward by bending leg and spine.

Crouching Importance:

Crouching Frequency:

Crawling: Moving about on hands and knees or hands and feet.

Crawling Importance:

Crawling Frequency:

Reaching: Extending hand(s) and arm(s) in any direction.

Reaching Importance:

Reaching Frequency:

Standing: Particularly for sustained periods of time.

Standing Importance:

Standing Frequency:

Walking: Moving about on foot to accomplish tasks, particularly for long distances.

Walking Importance:

Walking Frequency:

Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.

Pushing Importance:

Pushing Frequency:

Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.

Pulling Importance:

Pulling Frequency:

Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position to position.

Lifting Importance:

Lifting Frequency:

Fingering: Picking, pinching, typing (keyboarding) or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.

Fingering Importance:

Fingering Frequency:

Grasping: Applying pressure to an object with the fingers or palm.

Grasping Importance:

Grasping Frequency:

Feeling: Perceiving attributes of objects such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.

Feeling Importance:

Feeling Frequency:

Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which you must convey detailed or important spoken instructions or information to other workers accurately, loudly or quickly.

Talking Importance:

Talking Frequency:

Hearing: Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.

Hearing Importance:

Hearing Frequency:

Seeing: The ability to perceive the nature of objects by the eye.

Seeing Importance:

Seeing Frequency:

Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands and/or fingers.

Repetitive Motions Importance:

Repetitive Motions Frequency:

12. WORKING CONDITIONS - *Your answers in this section will not affect how your job is classified.* Select from the choices below to indicate the working conditions you are subject to in the course of your work, and indicate the amount of time you are subject to that condition. **If most of your work is in an office setting, you may select the 'DOES NOT APPLY BOX' for each response.**

Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)

Hazardous Conditions:

Atmospheric conditions (fumes, odors, dusts, gases, poor ventilation)

Atmospheric:

Hazardous materials (chemicals, blood and other body fluids, etc.)

Haz Mat:

Environmental (disruptive people, imminent danger, threatening environment)

Environmental:

Extreme Temperatures:

Inadequate Lighting:

Work Space Restricts Movement:

Intense Noise:

Travel:

13: ADDITIONAL COMMENTS: Are there any additional comments you would like to make to be sure you have described your job adequately? **550 character limit.**

Additional Comments:

By checking the box below, I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Employee
Certification:

Type Employee Name (Electronic
Signature):

Date Signed (MM/DD/YY):

EMPLOYEE INSTRUCTIONS FOR SUBMITTING: THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAVE COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, SAVE THE DOCUMENT A FINAL TIME AND E-MAIL IT AS AN ATTACHMENT TO YOUR **IMMEDIATE SUPERVISOR**.

Submission and approval of the PDQ may be subject to additional supervisory and/or management reviews.

14. IMMEDIATE SUPERVISOR REVIEW - Save this file to your computer, using the same file name.

Review the employee's PDQ and check the box below that indicates your concurrence or disagreement with the employee's PDQ as written. Follow the submission instructions that correspond to your selection below.

A. Concur with the employee's PDQ as written.

B. Disagree with the PDQ as written and have made the modifications noted below and have forwarded it to the next level of management for review.

Type Supervisor Name (Electronic Signature):

Date Reviewed (MM/DD/YY):

A. IF YOU CONCUR WITH THE PDQ AS WRITTEN: After completing the above section, save a copy of this document, with the word FINAL in front of the file name and e-mail the PDQ as an attachment to the designated Human Resources e-mail.

B. IF YOU DO NOT AGREE WITH THE PDQ AS WRITTEN, ENTER YOUR COMMENTS IN THE SECTION BELOW. When complete, save the PDQ with the word FINAL in front of the file name and e-mail it to your next level supervisor and copy the employee.

B. Supervisor Comments:

15. MANAGEMENT REVIEW - Use the SAVE AS function to save this file to your computer. Below note any comments, additional duties or disagreements with previous sections of this PDQ (citing applicable section #).

Management Comments:

Type Management Reviewer's Name (electronic signature):

Date Reviewed (MM/DD/YY):

MANAGEMENT SUBMITTAL: SAVE A FINAL COPY OF THIS DOCUMENT ELECTRONICALLY AFTER COMPLETING YOUR SECTION AND EMAIL THE PDQ AS AN ATTACHMENT TO THE DESIGNATED HUMAN RESOURCES E-MAIL, WITH COPIES TO THE EMPLOYEE & SUPERVISOR.

**For Human Resources Use
ONLY:**

Submitter
Initials*:

Submittal Date
(MM/DD/YY):